

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/586301**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		1				
4		3				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		3				
12		0				
13		1				
14		1				
15		2				
16		1				
17		2				
18		0				
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TOTAL IND.	1	↓	2	↓		↓
TOTAL DEP.	23	←	24	←		←
TOTAL CLAIMS	25		26			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						